## 911 STREET ADDRESS REQUEST FORM

NAME:		
TELEPHONE:		
LOCATION OF LAND TO BE	E ADDRESSED: (ROAD	NAME, ETC.)
IS LAND ON RIGHT OR LEF		
IS LAND TO BE ADDRESSEI	O ON: (CHOOSE O	NE)
COUNTY ROAD	STATE ROAD	PRIVATE LANE
IF ON COUNTY OR STATE R	ROAD TO YOU HAVE A	AN APPROVED
ENCROACHMENT PERMIT?	? YES	NO
COPY OF PERMIT REQUIRE	ED TO OBTAIN ADDRE	ESS: (PLEASE ATTACH)
DO YOU KNOW THE ADDRE	SS BEFORE YOUR LO	T?
DO YOU KNOW THE ADDRE	SS AFTER YOUR LOT	?
IF THE HOME IS IN, PLEASE	GIVE DESCRIPTION:	
The point in which an address is be assigned or even attempted u	_	driveway of a residence. No addres
IS YOUR DRIVEWAY INSTAI	LLED?	
Road Department Information:		
	<b>75.</b> (	